TEEN DEPRESSION & SUICIDE

For many teens, an undiagnosed mental health illness is a serious barrier to well-being and success. Approximately 750,000 teens in the United States suffer from depression – some so seriously it leads to suicide, the third leading cause of teenage death. Unfortunately, only one-third of teens at risk for suicide and one-fifth of those with depression ever receive treatment.

- 1. 7-12 million youths suffer from a mental illness, but 2/3 of these do not receive help.
- 2. 1 million youths suffer from depression. But 60-80% of these do not receive help.
- 3. 63% of youth who die by suicide exhibit psychiatric symptoms for more than a year before the suicide; 76% in the 3 months prior to completion.
- 4. Although most people with depression do not die by suicide, new longitudinal data suggests that about 2% of people ever treated for depression in an outpatient setting will die by suicide.
- 5. Suicide is the third leading cause of death in 15-19 year-olds. Adolescent depression directly results in 1,700 suicides per year.
- 6. For every completed suicide, an estimated 8-25 attempts occur.
- 7. Adolescent males die by suicide at four times the rate of adolescent females. However, females attempt suicide four times more often than males. This difference is accounted for by males using more lethal methods. For teens 15-19, within a 12-month period:
 - 1. 3.8 million (19%) thought about suicide
 - 2. 3 million (14.8%) thought about suicide with a plan
 - 3. 1.8 million (8.8%) attempted suicide
 - 4. 520,000 attempts required medical attention

Complications of untreated depression are far-reaching and may many aspects of a young person's life. These include:

1. School

- 1. Deteriorating Schoolwork and Performance
- 2. School Absenteeism
- 3. Held Back or Fail to Get Into College

- 4. High Scholastic Anxiety
- 5. Poor Peer and Teacher Relationships

2. Home

1. Strained Relations with Parents and Siblings

3. Peers

1. Withdrawal Leading to Reduced Support System

4. Self

- 1. Distress
- 2. Increased Chance of Substance Use and Abuse
- 3. Potential for Suicide

WHAT IS THE TEENSCREEN PROGRAM?

Research has shown that on average, 90 percent of teenagers who die by suicide suffer from a treatable mental illness. For more than a decade, Columbia University has worked to perfect a reliable and easy screening program for suicide risk and other mental disorders. The resulting program, TeenScreen, has been implemented in 41 states nationwide.

The TeenScreen Program offers evidence-based adolescent suicide and mental health screening programs to government and mental health agencies, non-profit organizations, schools, physicians, and drop-in clinics. At this time, consultation, training and implementation assistance are offered free of charge.

The President's New Freedom Commission on Mental Health recognized TeenScreen as a model program. Screening requires parental consent and the results are confidential. Most important, screening finds youth with depression and other emotional disorders before they fall behind in school, end up in serious trouble, or worst of all end their lives.

This mission is by 23 national organizations including the American Academy of Child and Adolescent Psychiatry, American Federation of Teachers, and the President's New Freedom Commission on Mental Health.

PROGRAM OVERVIEW

The goal of the Columbia University TeenScreen Program is to ensure that all youth are offered a voluntary mental health check-up before leaving high school. The program's primary objective is to help young people and their parents through the early identification of mental health problems, such as depression. Parents of youth found to be at possible risk are notified and helped with identifying and connecting to local mental health services where they can obtain further evaluation. No child is screened without parental consent. The results of the screen are confidential. Screening can take place in any number of venues, including schools, clinics, doctors' offices, juvenile justice facilities - in short, anywhere that a group of teens is present. The program involves the following stages:

- 1. The first stage is always obtaining the consent of parents. Parents receive a letter that explains what the screening is about and what will happen if their child screens positive (may have a mental health problem). Teens are given a description of the program and are informed about their rights to confidentiality. They are told that the screen is entirely voluntary and that they can refuse to answer any question they don't want to answer
- 2. Participants complete a 10 minute paper-and-pencil or computerized questionnaire. The questionnaires cover anxiety, depression, substance abuse, and suicidal thoughts and behavior. Youth who report no mental health problems on the questionnaire are seen briefly by program staff and then dismissed from the screening. If the results of the questionnaire indicate that the youth may have a significant mental health problem the youth proceeds to the second stage, a brief interview with an on-site mental health professional
- 3. If the mental health professional decides that a more complete evaluation would be beneficial, the parents are notified and offered assistance with obtaining services in the community.

The TeenScreen Program does not recommend or endorse any particular kind of treatment for the youth who are identified by the screening. TeenScreen is funded by private family foundations with a personal interest in youth mental health. The program receives no government funding and is not affiliated with, or funded by, any pharmaceutical companies.

SCREENING IN YOUR COMMUNITY

TeenScreen offers a customized screening package to fit a community's scope, duration and available staff. Contact the TeenScreen Intake Coordinator at (866) TEEN-SCREEN or write to teenscreen.org to initiate screening in your community.

Implementation essentials include:

1. Appropriate parent permission

- 2. Participant assent
- 3. Columbia TeenScreen Getting Started Guide and Workbook
- 4. Screening Instrument(s)
- 5. Staff availability to conduct screenings
- 6. An adequate and appropriate plan for intervening with students who screen positive and require additional services beyond the scope of the screening

Screening Models

Recognizing that schools differ in administrative structure and resources, TeenScreen provides examples of several <u>screening options</u> for identifying students who are at risk.

TeenScreen has been studied in a variety of school settings with divergent student populations. The program has been successfully implemented in shelters, drop-in centers and residential treatment facilities.

Learn about communities that have successfully implemented screening programs.

Costs

At this time, Columbia provides the following services free of charge: consultation, training and technical assistance for implementation of the TeenScreen program. The screening and assessment instruments are also offered at no cost.

SCREENING INSTRUMENTS

The TeenScreen Program currently offers its tools and consultation at no cost. The TeenScreen Intake Coordinator can help you decide which tool best fits your program goals.

Note: These tools indicate only the likelihood of a mental health problem but do not offer a diagnosis. All youth who show signs of a significant mental health problem on the screening tool should be followed up by a clinical interview with a trained mental health professional to determine if further evaluation is needed. All screening requires parental consent.

Columbia Health Screen (CHS)

- A 14-item, self-completion, paper-and-pencil questionnaire that can be administered and scored by trained non-professionals
- Includes questions about depression, suicidal ideation and attempts, anxiety, alcohol and drug use, and general health problems
- Results indicate the likelihood that a youth has a significant mental health problem; it is not a substitute for a clinical evaluation
- Usually takes 10 minutes to complete
- Most questions cover the last three months Suitable for youth aged 11 to 18 who read at a 6th grade level
- Available in English

Columbia Depression Scale (CDS)

- A 22-item, self-completion, paper-and-pencil questionnaire that can be administered and scored by trained non-professionals
- Includes questions about depression and the symptoms that accompany it including suicidal ideation and attempts
- The questions cover the last four weeks and are derived from the Diagnostic Interview Schedule for Children (DISC)
- Questions are based on DSM-IV criteria Results indicate the likelihood that a youth has a significant mental health problem; it is not a substitute for a clinical evaluation
- Usually takes less than 8 minutes to complete
- Suitable for youth aged 11 to 18 who read at a 6th grade level
- Available in English and Spanish

Diagnostic Predictive Scales (DPS-8)

- A 52-item, self-completion, computerized interview that can be administered and scored by trained non-professionals
- Youth simultaneously hears questions through headphones and reads them on the computer screen; then enters answers on computer
- Includes DISC questions that are most predictive of DISC disorders
- Includes questions covering depression, suicidal ideation and attempts, anxiety, alcohol and drug use, general health problems, and impairment
- The questions cover the last four weeks and are based on DSM-IV criteria
- Results indicate the likelihood that a youth has a significant mental health problem; it is not a substitute for a clinical evaluation
- Computer generated report of results Usually takes 10 minutes to complete
- Suitable for youth aged 9 to 18 (reading level is irrelevant since youth hear the questions through headphones)
- Available in English and Spanish

Please contact the Columbia University TeenScreen Program for information about the Voice DISC, a more comprehensive diagnostic interview.

RESEARCH ON THE TEENSCREEN PROGRAM

The original study of the Columbia University TeenScreen Program on almost 2,000 high school students revealed the program's unique ability to discover youth at risk for suicide who were not known to have problems and who were not receiving professional help. Almost two out of three suicidal teens were not known by school personnel to have significant problems, and half of suicidal youth were not known by school personnel or mental health professionals (Scott et al, 2004). Only one out of three students with major depression and half of those who

had made a past suicide attempt were known by school personnel to have significant problems and were receiving help (Shaffer, Wilcox et al, 1996).

The results of this study indicate the crucial role that mental health screening could play in identifying youth who are suffering from serious mental health problems and not getting any help.